

06/27/2012

Drug Name		NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
HYDROMORPHON 2MG	TAB LAN	00527135301	3	336	33.81	71.91	38.10	52.98	12.70
HYDROMORPHON 4MG	TAB ROX	00054026425	8	1120	117.65	264.11	146.46	55.45	18.31
KADIAN 20MG CR	CAP ACT	46987032211	5	168	792.44	876.73	84.29	9.61	16.86
KADIAN 30MG CR	CAP ACT	46987032511	2	120	620.54	681.74	61.20	8.98	30.60
KADIAN 60MG CR	CAP ACT	46987032611	4	210	2,142.32	2346.37	204.05	8.70	51.01
MEPERITAB 100 MG	TAB QUA	00603441621	3	360	145.68	166.65	20.97	12.58	6.99
METADATE CD 10 MG	CAP UCB	53014057907	2	60	278.18	296.24	18.06	6.10	9.03
METADATE CD 20 MG	CAP UCB	53014058007	2	60	278.41	296.47	18.06	6.09	9.03
METADATE CD 30 MG	CAP UCB	53014058107	6	180	834.77	883.81	49.04	5.55	8.17
METADATE CD 40 MG	CAP UCB	53014058207	5	150	954.00	1011.25	57.25	5.66	11.45
METHADONE 10 MG	TAB ROX	00054457125	26	3820	314.80	494.74	179.94	36.37	6.92
METHADONE 10 MG	TAB MAL	00406577101	61	7013	455.38	917.88	462.50	50.39	7.58
METHYLPHENID 10MG	TAB MAL	00406114401	3	330	28.38	68.64	40.26	58.65	13.42
METHYLPHENID 10MG	TAB WAT	00591588301	1	30	6.11	11.36	5.25	46.21	5.25
METHYLPHENID 10 MG	TAB UCB	53014053007	1	30	16.47	11.36	5.11-	44.98-	5.11-
METHADONE 10 MG	TAB ASC	67877011601	18	2805	210.14	352.72	142.58	40.42	7.92
METHYLPHENID 18MG E	TAB WAT	00591271501	9	270	1,381.98	1377.82	4.16-	0.30-	0.46-
METHYLPHENID 20MG ER	TB MAL	00406147301	6	435	108.65	407.64	298.99	73.35	49.83
METHYLPHENID 20 MG	TAB SAN	00781575301	5	270	71.72	96.85	25.13	25.95	5.03
METHYLPHENID 36MG E	TAB WAT	00591271701	37	1735	9,338.86	9447.80	108.94	1.15	2.94
METHYLPHENID 27 MG	TAB WAT	00591271601	3	90	478.26	477.55	0.71-	0.15-	0.24-
METHYLPHENID 30 MG	LA CAP A	67767020101	3	90	333.09	334.83	1.74	0.52	0.58
METHYLPHENID 54MG E	TAB WAT	00591271801	35	1350	7,787.24	7973.52	186.28	2.34	5.32
METHADONE 5 MG	TAB ROX	00054457025	5	312	15.48	49.03	33.55	68.43	6.71
METHADONE 5 MG	TAB MAL	00406575501	9	662	29.88	67.76	37.88	55.90	4.21
METHADONE 5 MG/5ML	SOL ROX	00054355563	7	163	10.39	30.06	19.67	65.44	2.81
MORPHINE SUL 100MG SR	TAB R	42858080401	1	56	43.47	84.13	40.66	48.33	40.66
MORPHINE SUL 100 MG	TAB MYL	00378266101	12	924	600.50	1152.70	552.20	47.90	46.02
MORPHINE SUL 10MG/5	SOL ROX	00054023749	1	100	12.29	10.55	1.74-	16.49-	1.74-
MORPHINE SUL 10MG/5	SOL ROX	00054023763	1	100	4.55	7.69	3.14	40.83	3.14
MORPHINE SUL ER 15 MG	TAB	00406831501	1	12	2.32	4.61	2.29	49.67	2.29
MORPHINE SUL 15MG IR	TB ROX	00054023525	4	198	13.67	30.16	16.49	54.68	4.12

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06/27/2012

PBA, INC. PBA PHARMACY SYSTEM
MEDICINE SHOPPE #0290
DRUG MOVEMENT REPORTPage: 4
04/01/2012-06/27/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
MORPHINE SUL 15MG E TAB MYL	00378265801	30	1548	303.50	553.42	249.92	45.16	8.33
MORPHINE SUL 15MG E TAB WAT	42858080101	4	254	54.54	94.60	40.06	42.35	10.02
MORPHINE SUL 20 MG CAP ACT	00228350211	13	532	1,974.56	2142.74	168.18	7.85	12.94
MORPHINE SUL 20 MG/ SOL LAN	00527142536	23	630	291.98	390.04	98.06	25.14	4.26
MORPHINE SUL 30MG IR TB ROX	00054023625	3	180	19.23	33.10	13.87	41.90	4.62
MORPHINE SUL 30MG E TAB MYL	00378265901	4	336	94.61	214.25	119.64	55.84	29.91
MORPHINE SUL 30 MG TAB RHO	42858080201	1	84	24.48	61.45	36.97	60.16	36.97
MORPHINE SUL 60MG E TAB MYL	00378266001	25	1572	701.70	1152.07	450.37	39.09	18.01
MORPHINE SUL 60MG E TAB RHO	42858080301	1	56	27.50	41.58	14.08	33.86	14.08
NUCYNTA ER 100 MG TAB JAN	50458086101	7	408	1,777.79	1894.87	117.08	6.18	16.73
NUCYNTA 50MG TAB JAN	50458082004	5	230	499.33	536.72	37.39	6.97	7.48
OPANA 10 MG TAB END	63481061370	3	74	392.47	387.48	4.99-	1.29-	1.66-
OPANA ER 10 MG TAB END	63481081460	8	752	2,645.95	2802.10	156.15	5.57	19.52
OPANA ER 10 MG TAB END	63481043670	3	148	521.50	554.69	33.19	5.98	11.06
OPANA ER 20 MG TAB END	63481081660	22	980	6,115.70	6519.26	403.56	6.19	18.34
OPANA ER 20 MG TAB END	63481043870	1	28	174.99	185.66	10.67	5.75	10.67
OPANA ER 30 MG	63481081760	24	1264	11,710.34	12042.25	331.91	2.76	13.83
OPANA ER 30 MG TAB END	63481043970	4	224	2,012.36	2136.17	123.81	5.80	30.95
OPANA ER 40MG TAB 12HR END	63481044070	7	501	5,873.64	6285.34	411.70	6.55	58.81
OPANA ER 40 MG TAB END	63481081860	14	1048	12,660.35	13010.25	349.90	2.69	24.99
OPANA ER 5 MG 12HR TAB END	63481043470	1	56	102.61	108.64	6.03	5.55	6.03
OXYCODONE 10MG IR TAB KVKT	10702005601	10	550	132.88	240.66	107.78	44.79	10.78
OXYCOD/APAP 10-325 TAB MAL	00406052301	60	5070	1,451.01	3016.77	1,565.76	51.90	26.10
OXYCOD/APAP 10-325M TAB AMN	53746020401	21	1376	486.89	696.22	209.33	30.07	9.97
OXYCOD/APAP 10-650M TAB MYL	00378710801	1	32	40.18	15.28	24.90-	162.96-	24.90-
OXYCOD/APAP 10-650M TAB AMN	53746020601	12	737	310.97	388.88	77.91	20.03	6.49
OXYCONTIN 10MG CR TAB PUR	59011041010	10	580	1,141.95	1220.92	78.97	6.47	7.90
OXYCODONE 15 MG TAB MAL	00406851501	54	5800	1,710.01	2026.91	316.90	15.63	5.87
OXYCODONE 15MG TAB ACT	00228287811	103	11176	2,172.98	3791.46	1,618.48	42.69	15.71
OXYCONTIN 15MG CR TAB PUR	59011041510	3	168	495.36	537.63	42.27	7.86	14.09
OXYCODONE 20MG/ML CON LAN	00527142636	7	435	1,111.04	1227.13	116.09	9.46	16.58
OXYCONTIN 20MG CR TAB PUR	59011042010	21	1151	4,319.15	4650.64	331.49	7.13	15.79

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P-42116_00334

06/27/2012

Drug Name		NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
OXYCODONE 30 MG	TAB MAL	00406853001	1	112	43.72	49.96	6.24	12.49	6.24
OXYCONTIN 30MG CR	TAB PUR	59011043010	8	672	3,583.36	3800.72	217.36	5.72	27.17
OXYCODONE 30MG	TAB ACT	00228287911	325	46306	13,428.69	23999.86	10,571.17	44.05	32.53
OXYCONTIN 40MG CR	TAB PUR	59011044010	51	3716	24,823.48	26841.57	2,018.09	7.52	39.57
OXYCODONE 5MG	CAP GLE	68462020401	1	120	63.82	65.26	1.44	2.21	1.44
OXYCOD/APAP 5-325 M	TAB MAL	00406051201	35	2709	106.30	393.08	286.78	72.96	8.19
OXYCOD/APAP 5-325 M	TAB MAL	00406051205	38	2603	101.06	375.04	273.98	73.05	7.21
OXYCODONE 5MG IR TAB	KVKT	10702001801	46	3439	322.95	848.30	525.35	61.93	11.42
OXYCONTIN 60MG CR	TAB PUR	59011046010	10	756	7,353.92	7792.37	438.45	5.63	43.84
OXYCOD/APAP 7.5-325	TAB MAL	00406052201	7	445	122.87	273.01	150.14	54.99	21.45
OXYCONTIN 80MG CR	TAB PUR	59011048010	49	4190	52,466.42	55996.28	3,529.86	6.30	72.04
OXYMORPHONE HCL 10M	TAB ROX	00054028425	3	165	594.74	663.58	68.84	10.37	22.95
OXYMORPHONE 15MG ER	TAB ACT	00228326211	19	1515	6,172.35	6513.11	340.76	5.23	17.93
OXYMORPHONE HCL 5MG	TAB ROX	00054028325	2	180	368.18	437.20	69.02	15.79	34.51
OXYMORPHONE 7.5MG ER	TB ACT	00228326111	15	896	2,001.49	2226.37	224.88	10.10	14.99
ROXICODONE 30 MG	TAB XAN	66479058210	6	616	1,494.16	1597.52	103.36	6.47	17.23
VYVANSE 20MG	CAP SHI	59417010210	12	340	1,728.81	1864.52	135.71	7.28	11.31
VYVANSE 30 MG	CAP SHI	59417010310	16	480	2,440.57	2595.96	155.39	5.99	9.71
VYVANSE 40MG	CAP SHI	59417010410	42	1354	6,884.07	7310.73	426.66	5.84	10.16
VYVANSE 50 MG	CAP SHI	59417010510	52	1560	7,931.54	8534.65	603.11	7.07	11.60
VYVANSE 60MG	CAP SHI	59417010610	60	1800	9,151.45	9761.51	610.06	6.25	10.17
VYVANSE 70MG	CAP SHI	59417010710	53	1567	7,967.88	8473.50	505.62	5.97	9.54
TOTAL FOR SELECTED DRUGS			2333	158412	338,911.70	381506.91	42,595.21	11.16	18.26

SELECTION CRITERIA Tx Date Range 04/01/2012 06/27/2012 Report Type:
Drug Code Report Order: 7
GPI Number Drugs: 9999
Drug Schedule Summary Only: N
Canada Sched List Each Tx: N
Drug Group Compnd Ingrd: Y
NDC/DIN Code Zero Price:
ASHP Class
Patient Code
Patient Group
Physician Code
Price Code
T/P Carrier
T/P Plan

Store #: 0290

PDX INC. PDX PHARMACY SYSTEM

MEDICINE SHOPPE #0290

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DRUG MOVEMENT REPORT

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
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Use Select Criteria From This Screen: Y

	Starting	Ending		Starting	Ending
Rx Number	2000000	2999999	Refills Auth		
Date Written			Refills Rem		
First Filled			Ordered Qty		
Rx Expires			Qty Left		
Stop Date			Days Supply		
Follow Up			Qty owed		
Merge			Deactivate		
Rx Group			Status		
Disease Code			SUBS Drug		
SIG			AutoFill Qty		
RxQue Number					

Phone:	Compound: N	Allow AutoFill:
Transfer:	Rx Updated:	AutoFill No Refs:
RxDAW:		

06/27/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
MORPHINE SUL 100MG SR TAB R	42858080401	1	56	43.47	84.13	40.66	48.33	40.66
MORPHINE SUL 100 MG TAB MYL	00378266101	12	924	600.50	1152.70	552.20	47.90	46.02
MORPHINE SUL 10MG/5 SOL ROX	00054023749	1	100	12.29	10.55	1.74-	16.49-	1.74-
MORPHINE SUL 10MG/5 SOL ROX	00054023763	1	100	4.55	7.69	3.14	40.83	3.14
MORPHINE SUL ER 15 MG TAB	00406831501	1	12	2.32	4.61	2.29	49.67	2.29
MORPHINE SUL 15MG IR TB ROX	00054023525	4	198	13.67	30.16	16.49	54.68	4.12
MORPHINE SUL 15MG E TAB MYL	00378265801	30	1548	303.50	553.42	249.92	45.16	8.33
MORPHINE SUL 15MG E TAB WAT	42858080101	4	254	54.54	94.60	40.06	42.35	10.02
MORPHINE SUL 20 MG CAP ACT	00228350211	13	532	1,974.56	2142.74	168.18	7.85	12.94
MORPHINE SUL 20 MG/ SOL LAN	00527142536	23	630	291.98	390.04	98.06	25.14	4.26
MORPHINE SUL 30MG IR TB ROX	00054023625	3	180	19.23	33.10	13.87	41.90	4.62
MORPHINE SUL 30MG E TAB MYL	00378265901	4	336	94.61	214.25	119.64	55.84	29.91
MORPHINE SUL 30 MG TAB RHO	42858080201	1	84	24.48	61.45	36.97	60.16	36.97
MORPHINE SUL 60MG E TAB MYL	00378266001	25	1572	701.70	1152.07	450.37	39.09	18.01
MORPHINE SUL 60MG E TAB RHO	42858080301	1	56	27.50	41.58	14.08	33.86	14.08
TOTAL FOR SELECTED DRUGS		124	6582	4,168.90	5973.09	1,804.19	30.21	14.55

SELECTION CRITERIA	Tx Date Range	04/01/2012	06/27/2012	Report Type:
	Drug Code	MORO	MORQ	Report Order: 7
	GPI			Number Drugs: 9999
	Drug Schedule			Summary Only: N
	Canada Sched			List Each Tx: N
	Drug Group			Compound Ingrid: Y
	NDC/DIN Code			Zero Price:
	ASHP Class			
	Patient Code			
	Patient Group			
	Physician Code			
	Price Code			
	T/P Carrier			
	T/P Plan			

06/27/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
MORPHINE SUL 100 MG TAB MYL	00378266101	6	476	306.90	627.73	320.83	51.11	53.47
MORPHINE SUL ER 15 MG TAB	00406831501	1	12	2.32	4.61	2.29	49.67	2.29
MORPHINE SUL 15MG IR TB ROX	00054023525	1	56	3.77	8.48	4.71	55.54	4.71
MORPHINE SUL 15MG E TAB MYL	00378265801	8	411	79.49	144.88	65.39	45.13	8.17
MORPHINE SUL 20 MG CAP ACT	00228350211	4	172	638.39	677.29	38.90	5.74	9.72
MORPHINE SUL 20 MG/ SOL LAN	00527142536	6	180	80.69	109.43	28.74	26.26	4.79
MORPHINE SUL 30MG IR TB ROX	00054023625	1	60	6.05	10.46	4.41	42.16	4.41
MORPHINE SUL 30MG E TAB MYL	00378265901	2	168	46.60	129.36	82.76	63.98	41.38
MORPHINE SUL 30 MG TAB RHO	42858080201	1	84	24.48	61.45	36.97	60.16	36.97
MORPHINE SUL 60MG E TAB MYL	00378266001	7	412	183.90	293.39	109.49	37.32	15.64
TOTAL FOR SELECTED DRUGS		37	2031	1,372.59	2067.08	694.49	33.60	18.77

SELECTION CRITERIA Tx Date Range 04/01/2012 04/30/2012 Report Type:
Drug Code MORO MORQ Report Order: 7
GPI Number Drugs: 9999
Drug Schedule Summary Only: N
Canada Sched List Each Tx: N
Drug Group Compnd Ingrd: Y
NDC/DIN Code Zero Price:
ASHP Class
Patient Code
Patient Group
Physician Code
Price Code
T/P Carrier
T/P Plan

Use Select Criteria From This Screen: Y

Rx Number	Starting	Ending	Refills	Auth	Starting	Ending
Date Written	2000000	2999999	Refills	Rem		
First Filled			Ordered	Qty		
Rx Expires			Qty	Left		
Stop Date			Days	Supply		
Follow Up			Qty	Owed		
Merge			Deactivate			
Rx Group			Status			
Disease Code			SUBS	Drug		
SIG			AutoFill	Qty		
RxQue Number						

Phone: Compound: N Allow AutoFill:
Transfer: Rx Updated: AutoFill No Refs:
RxDAW:

06/27/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
MORPHINE SUL 100MG SR TAB R	42858080401	1	56	43.47	84.13	40.66	48.33	40.66
MORPHINE SUL 100 MG TAB MYL	00378266101	1	84	59.27	81.37	22.10	27.16	22.10
MORPHINE SUL 10MG/5 SOL ROX	00054023749	1	100	12.29	10.55	1.74-	16.49-	1.74-
MORPHINE SUL 15MG IR TB ROX	00054023525	2	86	5.82	13.37	7.55	56.47	3.78
MORPHINE SUL 15MG E TAB MYL	00378265801	14	713	138.78	252.14	113.36	44.96	8.10
MORPHINE SUL 15MG E TAB WAT	42858080101	2	110	23.62	41.73	18.11	43.40	9.06
MORPHINE SUL 20 MG CAP ACT	00228350211	6	248	920.47	1010.73	90.26	8.93	15.04
MORPHINE SUL 20 MG/ SOL LAN	00527142536	12	330	147.91	204.61	56.70	27.71	4.73
MORPHINE SUL 30MG IR TB ROX	00054023625	1	60	6.59	10.73	4.14	38.58	4.14
MORPHINE SUL 30MG E TAB MYL	00378265901	1	84	22.07	40.36	18.29	45.32	18.29
MORPHINE SUL 60MG E TAB MYL	00378266001	11	722	322.29	518.46	196.17	37.84	17.83
TOTAL FOR SELECTED DRUGS		52	2593	1,702.58	2268.18	565.60	24.94	10.88

SELECTION CRITERIA	Tx Date Range	05/01/2012	05/31/2012	Report Type:
	Drug Code	MORO	MORQ	Report Order: 7
	GPI			Number Drugs: 9999
	Drug Schedule			Summary Only: N
	Canada Sched			List Each Tx: N
	Drug Group			Compnd Ingrd: Y
	NDC/DIN Code			Zero Price:
	ASHP Class			
	Patient Code			
	Patient Group			
	Physician Code			
	Price Code			
	T/P Carrier			
	T/P Plan			

Use Select Criteria From This Screen: Y

Rx Number	Starting	Ending	Refills Auth	Starting	Ending
Date Written	2000000	2999999	Refills Rem		
First Filled			Ordered Qty		
Rx Expires			Qty Left		
Stop Date			Days Supply		
Follow Up			Qty Owed		
Merge			Deactivate		
Rx Group			Status		
Disease Code			SUBS Drug		
SIG			AutoFill Qty		
RxQue Number					

Phone:	Compound: N	Allow AutoFill:
Transfer:	Rx Updated:	AutoFill No Refs:
RxDAW:		

06/27/2012

PDA INC. PDA PHARMACY SYSTEM
MEDICINE SHOPPE #0290
DRUG MOVEMENT REPORTPage: 1
06/01/2012-06/27/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
MORPHINE SUL 100 MG TAB MYL	00378266101	5	364	234.33	443.60	209.27	47.18	41.85
MORPHINE SUL 10MG/5 SOL ROX	00054023763	1	100	4.55	7.69	3.14	40.83	3.14
MORPHINE SUL 15MG IR TB ROX	00054023525	1	56	4.08	8.31	4.23	50.90	4.23
MORPHINE SUL 15MG E TAB MYL	00378265801	8	424	85.23	156.40	71.17	45.51	8.90
MORPHINE SUL 15MG E TAB WAT	42858080101	2	144	30.92	52.87	21.95	41.52	10.98
MORPHINE SUL 20 MG CAP ACT	00228350211	3	112	415.70	454.72	39.02	8.58	13.01
MORPHINE SUL 20 MG/ SOL LAN	00527142536	5	120	63.38	76.00	12.62	16.61	2.52
MORPHINE SUL 30MG IR TB ROX	00054023625	1	60	6.59	11.91	5.32	44.67	5.32
MORPHINE SUL 30MG E TAB MYL	00378265901	1	84	25.94	44.53	18.59	41.75	18.59
MORPHINE SUL 60MG E TAB MYL	00378266001	7	438	195.51	340.22	144.71	42.53	20.67
MORPHINE SUL 60MG E TAB RHO	42858080301	1	56	27.50	41.58	14.08	33.86	14.08
TOTAL FOR SELECTED DRUGS		35	1958	1,093.73	1637.83	544.10	33.22	15.55

SELECTION CRITERIA	Tx Date Range	06/01/2012	06/27/2012	Report Type:
	Drug Code	MORO	MORQ	Report Order: 7
	GPI			Number Drugs: 9999
	Drug Schedule			Summary Only: N
	Canada Sched			List Each Tx: N
	Drug Group			Compound Ingrd: Y
	NDC/DIN Code			Zero Price:
	ASHP Class			
	Patient Code			
	Patient Group			
	Physician Code			
	Price Code			
	T/P Carrier			
	T/P Plan			

Use Select Criteria From This Screen: Y

Rx Number	Starting	Ending	Refills Auth	Starting	Ending
Date Written	2000000	2999999	Refills Rem		
First Filled			Ordered Qty		
Rx Expires			Qty Left		
Stop Date			Days Supply		
Follow Up			Qty Owed		
Merge			Deactivate		
Rx Group			Status		
Disease Code			SUBS Drug		
SIG			AutoFill Qty		
RxQue Number					

Phone:	Compound: N	Allow AutoFill:
Transfer:	Rx Updated:	AutoFill No Refs:
RxDAW:		

06/27/2012

PDX INC. PDX PHARMACY SYSTEM
MEDICINE SHOPPE #0290
DRUG MOVEMENT REPORTPage: 1
06/01/2012 - 06/27/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
HYDROCO/APAP 10-325 TAB MAL	00406036705	6	544	58.22	136.79	78.57	57.44	13.10
HYDROCO/APAP 10-325 TAB QUA	00603388728	28	3081	218.18	940.03	721.85	76.79	25.78
HYDROCO/APAP 10-325 TAB QUA	00603388732	17	1598	56.57	471.23	414.66	88.00	24.39
HYDROCO/APAP 10-500 TAB MAL	00406036301	7	450	45.60	123.07	77.47	62.95	11.07
HYDROCO/APAP 10-500 TAB WAT	00591054001	3	330	42.84	101.99	59.15	58.00	19.72
HYDROCO/APAP 10-500 TAB MAL	00406036305	165	14222	1,429.15	3252.33	1,823.18	56.06	11.05
HYDROCO/APAP 10-500 TAB WAT	00591054005	23	1731	186.52	366.15	179.63	49.06	7.81
HYDROCO/APAP 10-500 TAB AMN	53746011905	18	1481	117.22	345.35	228.13	66.06	12.67
HYDROCO/APAP 10-650 TAB MAL	00406036101	11	768	43.58	107.90	64.32	59.61	5.85
HYDROCO/APAP 10-650 TAB WAT	00591050301	1	60	4.35	8.70	4.35	50.00	4.35
HYDROCO/APAP 10-650 TAB QUA	00603388521	3	144	10.44	22.18	11.74	52.93	3.91
HYDROCO/APAP 7.5-50 SOL QUA	00603129558	4	1560	22.69	68.02	45.33	66.64	11.33
HYDROCOD/HOM 5-1.5/ SYP HI-	50383004316	1	100	8.34	14.67	6.33	43.15	6.33
HYDROCO/APAP 5-325M TAB MAL	00406036501	1	40	7.12	12.72	5.60	44.03	5.60
HYDROCO/APAP 5-325M TAB AMN	53746010901	1	60	8.38	31.95	23.57	73.77	23.57
HYDROCO/APAP 5-325M TAB AMN	53746010905	5	285	30.25	93.71	63.46	67.72	12.69
HYDROCO/APAP 5-500M TAB MAL	00406035701	47	2631	78.83	361.99	283.16	78.22	6.02
HYDROCO/APAP 5-500M TAB MAL	00406035705	5	435	11.31	38.04	26.73	70.27	5.35
HYDROCO/APAP 5-500M TAB WAT	00591034905	170	9648	368.13	1288.35	920.22	71.43	5.41
HYDROCO/APAP 7.5-32 TAB MAL	00406036601	21	1718	294.32	584.96	290.64	49.69	13.84
HYDROCO/APAP 7.5-32 TAB WAT	00591320301	1	90	19.90	16.86	3.04-	18.03-	3.04-
HYDROCO/APAP 7.5-32 TAB QUA	00603389121	7	800	150.75	309.16	158.41	51.24	22.63
HYDROCO/APAP 7.5-50 TAB WAT	00591038505	133	9365	460.88	1625.95	1,165.07	71.65	8.76
HYDROCO/APAP 7.5-50 TAB QUA	00603388228	14	963	59.82	151.08	91.26	60.41	6.52
HYDROCO/APAP 5-325M TAB QUA	00603389028	5	340	61.34	99.72	38.38	38.49	7.68
HYDROCO/APAP 7.5-325TAB QUA	00603389128	6	409	82.18	135.52	53.34	39.36	8.89
HYDROCOD/IBU 7.5-20 TAB AMN	53746014501	2	28	5.25	25.16	19.91	79.13	9.96
TOTAL FOR SELECTED DRUGS		705	52881	3,882.16	10733.58	6,851.42	63.83	9.72

06/27/2012

PDX INC. PDX PHARMACY SYSTEM
MEDICINE SHOPPE #0290
DRUG MOVEMENT REPORTPage: 1
04/01/2012-04/30/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
HYDROCO/APAP 10-325 TAB MAL	00406036705	6	544	58.22	136.79	78.57	57.44	13.10
HYDROCO/APAP 10-325 TAB QUA	00603388728	6	704	49.86	186.12	136.26	73.21	22.71
HYDROCO/APAP 10-325 TAB QUA	00603388732	3	444	15.72	130.38	114.66	87.94	38.22
HYDROCO/APAP 10-500 TAB MAL	00406036305	34	3348	327.33	793.68	466.35	58.76	13.72
HYDROCO/APAP 10-500 TAB WAT	00591054005	21	1541	160.79	335.54	174.75	52.08	8.32
HYDROCO/APAP 10-500 TAB AMN	53746011905	16	1352	107.01	321.54	214.53	66.72	13.41
HYDROCO/APAP 10-650 TAB MAL	00406036101	3	240	15.80	33.44	17.64	52.75	5.88
HYDROCO/APAP 10-650 TAB QUA	00603388521	2	84	6.09	13.48	7.39	54.82	3.70
HYDROCO/APAP 7.5-50 SOL QUA	00603129558	3	930	13.59	52.64	39.05	74.18	13.02
HYDROCOD/HOM 5-1.5/ SYP HI-	50383004316	1	100	8.34	14.67	6.33	43.15	6.33
HYDROCO/APAP 5-325M TAB MAL	00406036501	1	40	7.12	12.72	5.60	44.03	5.60
HYDROCO/APAP 5-500M TAB MAL	00406035701	19	1054	31.37	151.33	119.96	79.27	6.31
HYDROCO/APAP 5-500M TAB WAT	00591034905	48	2778	105.56	326.42	220.86	67.66	4.60
HYDROCO/APAP 7.5-32 TAB WAT	00591320301	1	90	19.90	16.86	3.04-	18.03-	3.04-
HYDROCO/APAP 7.5-32 TAB QUA	00603389121	5	520	97.99	183.97	85.98	46.74	17.20
HYDROCO/APAP 7.5-50 TAB WAT	00591038505	44	3270	155.75	539.53	383.78	71.13	8.72
HYDROCO/APAP 5-325M TAB QUA	00603389028	3	190	34.28	62.91	28.63	45.51	9.54
HYDROCO/APAP 7.5-325TAB QUA	00603389128	6	409	82.18	135.52	53.34	39.36	8.89
TOTAL FOR SELECTED DRUGS		222	17638	1,296.90	3447.54	2,150.64	62.38	9.69

SELECTION CRITERIA Tx Date Range 04/01/2012 04/30/2012 Report Type:
Drug Code HYDQ HYDS Report Order: 7
GPI Number Drugs: 9999
Drug Schedule Summary Only: N
Canada Sched List Each Tx: N
Drug Group Compnd Ingrd: Y
NDC/DIN Code Zero Price:
ASHP Class
Patient Code
Patient Group
Physician Code
Price Code
T/P Carrier
T/P Plan

06/27/2012

PDX Inc. PDX PHARMACY SYSTEM
MEDICINE SHOPPE #0290
DRUG MOVEMENT REPORTPage 1
05/01/2012-05/31/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
HYDROCO/APAP 10-325 TAB QUA	00603388728	13	1289	91.27	430.00	338.73	78.77	26.06
HYDROCO/APAP 10-325 TAB QUA	00603388732	7	690	24.42	237.19	212.77	89.70	30.40
HYDROCO/APAP 10-500 TAB MAL	00406036305	77	6641	672.91	1495.14	822.23	54.99	10.68
HYDROCO/APAP 10-500 TAB AMN	53746011905	2	129	10.21	23.81	13.60	57.12	6.80
HYDROCO/APAP 10-650 TAB MAL	00406036101	4	264	13.89	37.23	23.34	62.69	5.84
HYDROCO/APAP 10-650 TAB WAT	00591050301	1	60	4.35	8.70	4.35	50.00	4.35
HYDROCO/APAP 5-325M TAB AMN	53746010905	2	120	12.74	46.95	34.21	72.86	17.11
HYDROCO/APAP 5-500M TAB MAL	00406035701	27	1547	46.56	206.77	160.21	77.48	5.93
HYDROCO/APAP 5-500M TAB MAL	00406035705	5	435	11.31	38.04	26.73	70.27	5.35
HYDROCO/APAP 5-500M TAB WAT	00591034905	45	2454	93.27	392.56	299.29	76.24	6.65
HYDROCO/APAP 7.5-32 TAB MAL	00406036601	11	648	111.03	207.51	96.48	46.49	8.77
HYDROCO/APAP 7.5-32 TAB QUA	00603389121	2	280	52.76	125.19	72.43	57.86	36.22
HYDROCO/APAP 7.5-50 TAB WAT	00591038505	44	3264	161.68	560.61	398.93	71.16	9.07
HYDROCO/APAP 7.5-50 TAB QUA	00603388228	8	483	30.01	84.54	54.53	64.50	6.82
HYDROCO/APAP 5-325M TAB QUA	00603389028	2	150	27.06	36.81	9.75	26.49	4.88
HYDROCOD/IBU 7.5-20 TAB AMN	53746014501	2	28	5.25	25.16	19.91	79.13	9.96
TOTAL FOR SELECTED DRUGS		252	18482	1,368.72	3956.21	2,587.49	65.40	10.27

SELECTION CRITERIA Tx Date Range 05/01/2012 05/31/2012 Report Type:
Drug Code HYDQ HYDS Report Order: 7
GPI Number Drugs: 9999
Drug Schedule Summary Only: N
Canada Sched List Each Tx: N
Drug Group Compnd Ingrd: Y
NDC/DIN Code Zero Price:
ASHP Class
Patient Code
Patient Group
Physician Code
Price Code
T/P Carrier
T/P Plan

06/27/2012

PDX, INC. PDX PHARMACY SYSTEM
MEDICINE SHOPPE 70290
DRUG MOVEMENT REPORTPage 1
06/01/2012-06/27/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
HYDROCO/APAP 10-325 TAB QUA	00603388728	9	1088	77.05	323.91	246.86	76.21	27.43
HYDROCO/APAP 10-325 TAB QUA	00603388732	7	464	16.43	103.66	87.23	84.15	12.46
HYDROCO/APAP 10-500 TAB MAL	00406036301	7	450	45.60	123.07	77.47	62.95	11.07
HYDROCO/APAP 10-500 TAB WAT	00591054001	3	330	42.84	101.99	59.15	58.00	19.72
HYDROCO/APAP 10-500 TAB MAL	00406036305	54	4233	428.91	963.51	534.60	55.48	9.90
HYDROCO/APAP 10-500 TAB WAT	00591054005	2	190	25.73	30.61	4.88	15.94	2.44
HYDROCO/APAP 10-650 TAB MAL	00406036101	4	264	13.89	37.23	23.34	62.69	5.84
HYDROCO/APAP 10-650 TAB QUA	00603388521	1	60	4.35	8.70	4.35	50.00	4.35
HYDROCO/APAP 7.5-50 SOL QUA	00603129558	1	630	9.10	15.38	6.28	40.83	6.28
HYDROCO/APAP 5-325M TAB AMN	53746010901	1	60	8.38	31.95	23.57	73.77	23.57
HYDROCO/APAP 5-325M TAB AMN	53746010905	3	165	17.51	46.76	29.25	62.55	9.75
HYDROCO/APAP 5-500M TAB MAL	00406035701	1	30	0.90	3.89	2.99	76.86	2.99
HYDROCO/APAP 5-500M TAB WAT	00591034905	77	4416	169.30	569.37	400.07	70.27	5.20
HYDROCO/APAP 7.5-32 TAB MAL	00406036601	10	1070	183.29	377.45	194.16	51.44	19.42
HYDROCO/APAP 7.5-50 TAB WAT	00591038505	45	2831	143.45	525.81	382.36	72.72	8.50
HYDROCO/APAP 7.5-50 TAB QUA	00603388228	6	480	29.81	66.54	36.73	55.20	6.12
TOTAL FOR SELECTED DRUGS		231	16761	1,216.54	3329.83	2,113.29	63.47	9.15

SELECTION CRITERIA Tx Date Range 06/01/2012 06/27/2012
Drug Code HYDQ HYDS
GPI
Drug Schedule
Canada Sched
Drug Group
NDC/DIN Code
ASHP Class
Patient Code
Patient Group
Physician Code
Price Code
T/P Carrier
T/P Plan

Report Type:
Report Order: 7
Number Drugs: 9999
Summary Only: N
List Each Tx: N
Compound Ingrd: Y
Zero Price:

06/27/2012

PDX Inc. PDX PHARMACY SYSTEM
NDC/DIN 59011041010
DRUG MOVEMENT REPORTPage: 1
04/01/2012-06/27/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
OXYCODONE 10MG IR TAB KVKT	10702005601	10	550	132.88	240.66	107.78	44.79	10.78
OXYCOD/APAP 10-325 TAB MAL	00406052301	60	5070	1,451.01	3016.77	1,565.76	51.90	26.10
OXYCOD/APAP 10-325M TAB AMN	53746020401	21	1376	486.89	696.22	209.33	30.07	9.97
OXYCOD/APAP 10-650M TAB MYL	00378710801	1	32	40.18	15.28	24.90-	162.96-	24.90-
OXYCOD/APAP 10-650M TAB AMN	53746020601	12	737	310.97	388.88	77.91	20.03	6.49
OXYCONTIN 10MG CR TAB PUR	59011041010	10	580	1,141.95	1220.92	78.97	6.47	7.90
OXYCODONE 15 MG TAB MAL	00406851501	54	5800	1,710.01	2026.91	316.90	15.63	5.87
OXYCODONE 15MG TAB ACT	00228287811	103	11176	2,172.98	3791.46	1,618.48	42.69	15.71
OXYCONTIN 15MG CR TAB PUR	59011041510	3	168	495.36	537.63	42.27	7.86	14.09
OXYCODONE 20MG/ML CON LAN	00527142636	7	435	1,111.04	1227.13	116.09	9.46	16.58
OXYCONTIN 20MG CR TAB PUR	59011042010	21	1151	4,319.15	4650.64	331.49	7.13	15.79
OXYCODONE 30 MG TAB MAL	00406853001	1	112	43.72	49.96	6.24	12.49	6.24
OXYCONTIN 30MG CR TAB PUR	59011043010	8	672	3,583.36	3800.72	217.36	5.72	27.17
OXYCODONE 30MG TAB ACT	00228287911	325	46306	13,428.69	23999.86	10,571.17	44.05	32.53
OXYCONTIN 40MG CR TAB PUR	59011044010	51	3716	24,823.48	26841.57	2,018.09	7.52	39.57
OXYCODONE 5MG CAP GLE	68462020401	1	120	63.82	65.26	1.44	2.21	1.44
OXYCOD/APAP 5-325 M TAB MAL	00406051201	35	2709	106.30	393.08	286.78	72.96	8.19
OXYCOD/APAP 5-325 M TAB MAL	00406051205	38	2603	101.06	375.04	273.98	73.05	7.21
OXYCODONE 5MG IR TAB KVKT	10702001801	46	3439	322.95	848.30	525.35	61.93	11.42
OXYCONTIN 60MG CR TAB PUR	59011046010	10	756	7,353.92	7792.37	438.45	5.63	43.84
OXYCOD/APAP 7.5-325 TAB MAL	00406052201	7	445	122.87	273.01	150.14	54.99	21.45
OXYCONTIN 80MG CR TAB PUR	59011048010	49	4190	52,466.42	55996.28	3,529.86	6.30	72.04
TOTAL FOR SELECTED DRUGS		873	92143	115,789.01	138247.95	22,458.94	16.25	25.73

SELECTION CRITERIA Tx Date Range 04/01/2012
Drug Code OXYB
GPI
Drug Schedule
Canada Sched
Drug Group
NDC/DIN Code
ASHP Class
Patient Code
Patient Group
Physician Code
Price Code
T/P Carrier
T/P Plan

06/27/2012
OXYJ

Report Type:
Report Order: 7
Number Drugs: 9999
Summary Only: N
List Each Tx: N
Compnd Ingrd: Y
Zero Price:

06/27/2012

PDX, INC. PDX PHARMACY SYSTEM
MEMBERSHIP SHOP # 78290
DRUG MOVEMENT REPORTPage 1
04/01/2012-04/30/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
OXYCODONE 10MG IR TAB KVKT	10702005601	3	150	33.83	63.87	30.04	47.03	10.01
OXYCOD/APAP 10-325 TAB MAL	00406052301	24	2098	600.42	1154.35	553.93	47.99	23.08
OXYCOD/APAP 10-650M TAB AMN	53746020601	4	239	100.84	131.28	30.44	23.19	7.61
OXYCONTIN 10MG CR TAB PUR	59011041010	4	266	523.72	558.32	34.60	6.20	8.65
OXYCODONE 15 MG TAB MAL	00406851501	35	3886	1,110.88	1399.43	288.55	20.62	8.24
OXYCODONE 15MG TAB ACT	00228287811	13	1210	201.95	447.91	245.96	54.91	18.92
OXYCONTIN 15MG CR TAB PUR	59011041510	1	56	165.12	179.21	14.09	7.86	14.09
OXYCODONE 20MG/ML CON LAN	00527142636	2	135	341.76	379.92	38.16	10.04	19.08
OXYCONTIN 20MG CR TAB PUR	59011042010	5	264	990.66	1070.93	80.27	7.50	16.05
OXYCODONE 30 MG TAB MAL	00406853001	1	112	43.72	49.96	6.24	12.49	6.24
OXYCONTIN 30MG CR TAB PUR	59011043010	3	252	1,343.76	1421.88	78.12	5.49	26.04
OXYCODONE 30MG TAB ACT	00228287911	111	16134	4,678.84	8495.63	3,816.79	44.93	34.39
OXYCONTIN 40MG CR TAB PUR	59011044010	17	1232	8,218.93	8919.21	700.28	7.85	41.19
OXYCODONE 5MG CAP GLE	68462020401	1	120	63.82	65.26	1.44	2.21	1.44
OXYCOD/APAP 5-325 M TAB MAL	00406051201	11	1249	48.74	168.98	120.24	71.16	10.93
OXYCOD/APAP 5-325 M TAB MAL	00406051205	11	788	29.91	102.40	72.49	70.79	6.59
OXYCODONE 5MG IR TAB KVKT	10702001801	15	1132	106.30	281.84	175.54	62.28	11.70
OXYCONTIN 60MG CR TAB PUR	59011046010	3	224	2,178.94	2312.63	133.69	5.78	44.56
OXYCOD/APAP 7.5-325 TAB MAL	00406052201	3	235	64.89	126.89	62.00	48.86	20.67
OXYCONTIN 80MG CR TAB PUR	59011048010	19	1602	20,061.88	21368.02	1,306.14	6.11	68.74
TOTAL FOR SELECTED DRUGS		286	31384	40,908.91	48697.92	7,789.01	15.99	27.23

SELECTION CRITERIA Tx Date Range 04/01/2012 04/30/2012 Report Type:
Drug Code OXYB OXYJ Report Order: 7
GPI Number Drugs: 9999
Drug Schedule Summary Only: N
Canada Sched List Each Tx: N
Drug Group Compound Ingrd: Y
NDC/DIN Code Zero Price:
ASHP Class
Patient Code
Patient Group
Physician Code
Price Code
T/P Carrier
T/P Plan

06/27/2012

PDX, Inc. PDX PHARMACY SYSTEM
MEDICINE SHOPPE #0290
DRUG MOVEMENT REPORTPage 1
05/01/2012-05/31/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
OX ^Y CODONE 10MG IR TAB KVKT	10702005601	3	150	33.83	63.87	30.04	47.03	10.01
OX ^Y COD/APAP 10-325 TAB MAL	00406052301	27	2061	589.86	1322.88	733.02	55.41	27.15
OX ^Y COD/APAP 10-325M TAB AMN	53746020401	6	429	151.80	198.87	47.07	23.67	7.85
OX ^Y COD/APAP 10-650M TAB MYL	00378710801	1	32	40.18	15.28	24.90-	162.96-	24.90-
OX ^Y COD/APAP 10-650M TAB AMN	53746020601	4	273	115.19	131.54	16.35	12.43	4.09
OX ^Y CONTIN 10MG CR TAB PUR	59011041010	4	164	322.90	346.40	23.50	6.78	5.88
OX ^Y CODONE 15 MG TAB MAL	00406851501	19	1914	599.13	627.48	28.35	4.52	1.49
OX ^Y CODONE 15MG TAB ACT	00228287811	41	4514	896.51	1518.35	621.84	40.95	15.17
OX ^Y CONTIN 15MG CR TAB PUR	59011041510	1	56	165.12	179.21	14.09	7.86	14.09
OX ^Y CODONE 20MG/ML CON LAN	00527142636	3	165	417.71	467.29	49.58	10.61	16.53
OX ^Y CONTIN 20MG CR TAB PUR	59011042010	9	417	1,564.80	1691.80	127.00	7.51	14.11
OX ^Y CONTIN 30MG CR TAB PUR	59011043010	3	252	1,343.76	1421.88	78.12	5.49	26.04
OX ^Y CODONE 30MG TAB ACT	00228287911	115	16398	4,755.40	8437.50	3,682.10	43.64	32.02
OX ^Y CONTIN 40MG CR TAB PUR	59011044010	21	1488	9,946.69	10808.17	861.48	7.97	41.02
OX ^Y COD/APAP 5-325 M TAB MAL	00406051201	14	802	31.30	121.57	90.27	74.25	6.45
OX ^Y COD/APAP 5-325 M TAB MAL	00406051205	12	737	28.31	97.80	69.49	71.05	5.79
OX ^Y CODONE 5MG IR TAB KVKT	10702001801	17	1201	112.79	301.68	188.89	62.61	11.11
OX ^Y CONTIN 60MG CR TAB PUR	59011046010	3	224	2,178.94	2312.63	133.69	5.78	44.56
OX ^Y COD/APAP 7.5-325 TAB MAL	00406052201	3	120	33.13	97.01	63.88	65.85	21.29
OX ^Y CONTIN 80MG CR TAB PUR	59011048010	15	1266	15,851.68	16926.30	1,074.62	6.35	71.64
TOTAL FOR SELECTED DRUGS		321	32663	39,179.03	47087.51	7,908.48	16.80	24.64

SELECTION CRITERIA	Tx Date Range	05/01/2012	05/31/2012	Report Type:
	Drug Code	OXYB	OXYJ	Report Order: 7
	GPI			Number Drugs: 9999
	Drug Schedule			Summary Only: N
	Canada Sched			List Each Tx: N
	Drug Group			Compnd Ingrd: Y
	NDC/DIN Code			Zero Price:
	ASHP Class			
	Patient Code			
	Patient Group			
	Physician Code			
	Price Code			
	T/P Carrier			
	T/P Plan			

06/27/2012

PDX, INC. PDX PHARMACY SYSTEM
MEDICINE SHOPPE #0290
DRUG MOVEMENT REPORTPage 1
06/01/2012-06/27/2012

Drug Name	NDC Number	#Rx	#Units	Cost	Retail	\$MRG	%MRG	AVG \$
OX(CODONE 10MG IR TAB KVKT	10702005601	4	250	65.22	112.92	47.70	42.24	11.93
OX(COD/APAP 10-325 TAB MAL	00406052301	9	911	260.73	539.54	278.81	51.68	30.98
OX(COD/APAP 10-325M TAB AMN	53746020401	15	947	335.09	497.35	162.26	32.62	10.82
OX(COD/APAP 10-650M TAB AMN	53746020601	4	225	94.94	126.06	31.12	24.69	7.78
OX(CONTIN 10MG CR TAB PUR	59011041010	2	150	295.33	316.20	20.87	6.60	10.44
OX(CODONE 15MG TAB ACT	00228287811	49	5452	1,074.52	1825.20	750.68	41.13	15.32
OX(CONTIN 15MG CR TAB PUR	59011041510	1	56	165.12	179.21	14.09	7.86	14.09
OX(CODONE 20MG/ML CON LAN	00527142636	2	135	351.57	379.92	28.35	7.46	14.18
OX(CONTIN 20MG CR TAB PUR	59011042010	7	470	1,763.69	1887.91	124.22	6.58	17.75
OX(CONTIN 30MG CR TAB PUR	59011043010	2	168	895.84	956.96	61.12	6.39	30.56
OX(CODONE 30MG TAB ACT	00228287911	99	13774	3,994.45	7066.73	3,072.28	43.48	31.03
OX(CONTIN 40MG CR TAB PUR	59011044010	13	996	6,657.86	7114.19	456.33	6.41	35.10
OX(COD/APAP 5-325 M TAB MAL	00406051201	10	658	26.26	102.53	76.27	74.39	7.63
OX(COD/APAP 5-325 M TAB MAL	00406051205	15	1078	42.84	174.84	132.00	75.50	8.80
OX(CODONE 5MG IR TAB KVKT	10702001801	14	1106	103.86	264.78	160.92	60.77	11.49
OX(CONTIN 60MG CR TAB PUR	59011046010	4	308	2,996.04	3167.11	171.07	5.40	42.77
OX(COD/APAP 7.5-325 TAB MAL	00406052201	1	90	24.85	49.11	24.26	49.40	24.26
OX(CONTIN 80MG CR TAB PUR	59011048010	15	1322	16,552.86	17701.96	1,149.10	6.49	76.61
TOTAL FOR SELECTED DRUGS		266	28096	35,701.07	42462.52	6,761.45	15.92	25.42

SELECTION CRITERIA Tx Date Range 06/01/2012 06/27/2012 Report Type:
Drug Code OXYB OXYJ Report Order: 7
GPI Number Drugs: 9999
Drug Schedule Summary Only: N
Canada Sched List Each Tx: N
Drug Group Compound Ingrd: Y
NDC/DIN Code Zero Price:
ASHP Class
Patient Code
Patient Group
Physician Code
Price Code
T/P Carrier
T/P Plan

From: Howenstein, Kim
To: [Kave, Jesse](#)
Cc: [Farrell, Daniel \(PD\)](#)
Subject: RE: Medicinne Shoppe #77068
Date: Monday, July 16, 2012 12:24:00 PM

I think it would be wise Jesse, because Doug is out for the remainder of the month and that documentation would be helpful to have on file for the covering pharmacist.

Thanks,
Kim

From: Kave, Jesse
Sent: Monday, July 16, 2012 12:06 PM
To: Howenstein, Kim
Cc: Farrell, Daniel (PD)
Subject: Medicinne Shoppe #77068

Kim,

I noticed that Joe had hit some thresholds on Vyvanse while @ RBC as per our conversation I told you I would send his utilization I had when I got back so does Joe still need to do the one page qestionionarre even though Doug and him discussed everything verbally?

Thanks

JESSE KAVE
CARDINAL HEALTH
PHARMACY BUSINESS CONSULTANT
jesse.kave@cardinalhealth.com
Cell 304-926-4337
Fax 614-553-9508

From: "Inquisite Server"
To: GMB-QRA-AD-Thresholds
Subject: Response for Pharmaceutical Threshold Event
Date: Tuesday, July 17, 2012 12:39:15 PM

E-mail notification for survey response
Survey Title: Pharmaceutical Threshold Event
Respondent Unique Key: INQ-20120717112958-1684259435
Response Date: Tue, Jul 17, 2012 11:39:14

Page 1

Facility Name:
{Enter text answer}
[The Medicine Shoppe #0290]

Facility Address:
{Enter text answer}
[2402 Adams]

Facility Contact:
{Enter text answer}
[Joseph McGlothlin]

Facility Phone:
{Enter text answer}
[304-429-6716]

Facility Fax No.:
{Enter text answer}
[304-429-1924]

Please outline the underlying factors that are contributing to your need for the increased quantities of the drug family:
{Enter answer in paragraph form}
[We have acquired additional business from a local, pediatric physician (Dr. James Lewis) who diagnoses and treats a large number of ADD and ADHD pediatric patients. Therefore, our usage of stimulants and amphetamine derivatives has increased in recent months.]

Name of Drug Family held per Regulatory Review:
{Enter text answer}
[stimulants/amphetamine derivatives]

Facility DEA#:
{Enter text answer}
[BT5541760]

Name of Person Responding:
{Enter text answer}
[S. Wesley Keck, PharmD.]

From: [Doug Wilson](#)
 To: [Janet Ng](#)
 Cc: [Doug Wilson](#); [Janet Ng](#)
 Subject: RE: T and J enterprises > DEAR BT5541760
 Date: Monday, July 23, 2012 4:30:48 PM
 Attachments: [Screenshot](#)

Oxycodone threshold to 20,005

Hydrocodone threshold to 10,005

Alprazolam threshold to 6,005

SITE VISIT

Michael A. Mond, BSPharm, JD, FAPHA | Vice President, Supply Chain Integrity & Senior Regulatory Counsel
 Quality & Regulatory Affairs
 Cardinal Health | 7005 Cardinal Place | Dublin, Ohio | 43017
 direct: 614.757.5104 | fax: 614.652.9653

From: Ng, Janet
 Sent: Monday, July 23, 2012 4:20 PM
 To: Mond, Michael
 Subject: T and J enterprises > DEAR BT5541760

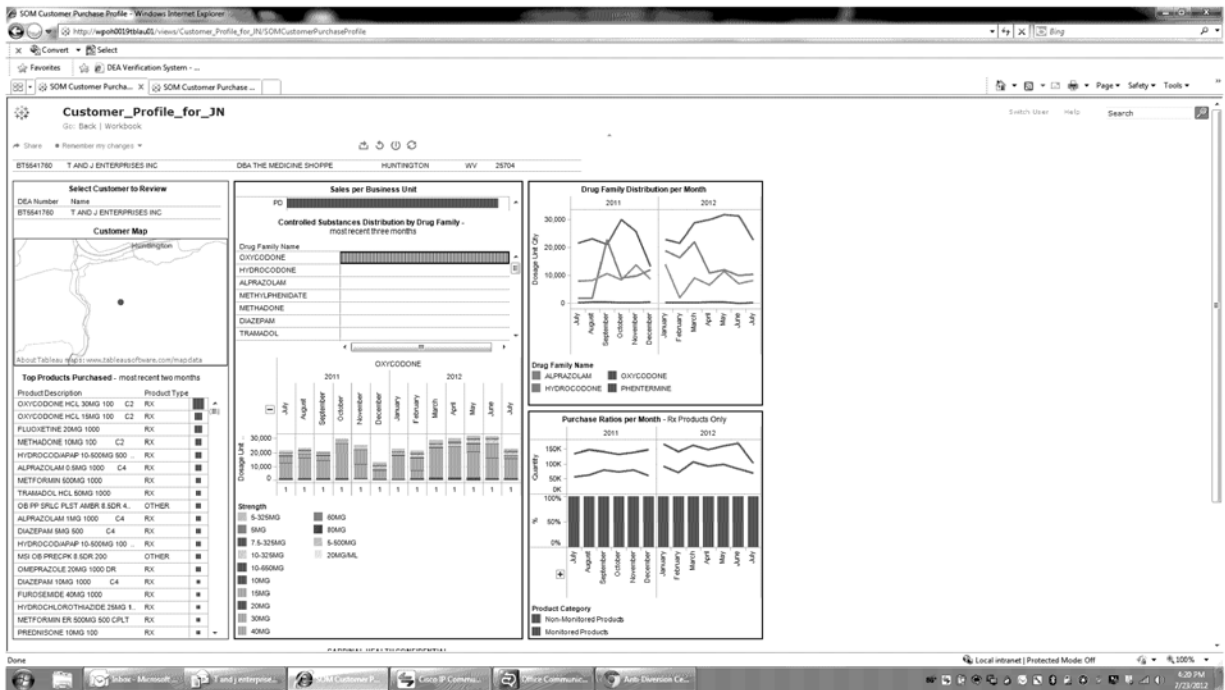
Reported as suspicious

Attempted.

24X100 oxycodone 30mg

1X100 oxycodone 5mg

Doug had requested multiple site visits since January



Thank you

Janet Ng, RPh
 Manager, Supply Chain Integrity
 Quality & Regulatory Affairs
 Kinray
 A CardinalHealth Company
 152-35 10th Avenue
 Whitestone, NY 11357

Oxycodone threshold to 20,005

SITE VISIT

Michael A. Mone, BSPharm, JD, FAPhA | Vice President, Supply Chain Integrity & Senior Regulatory Counsel
Quality & Regulatory Affairs
Cardinal Health | 7000 Cardinal Place | Dublin, Ohio | 43017
direct: 614.757.5104 | fax: 614.652.9653

From: Ng, Janet
Sent: Monday, July 23, 2012 4:20 PM
To: Mone, Michael
Subject: T and J enterprises > DEA# BT5541760

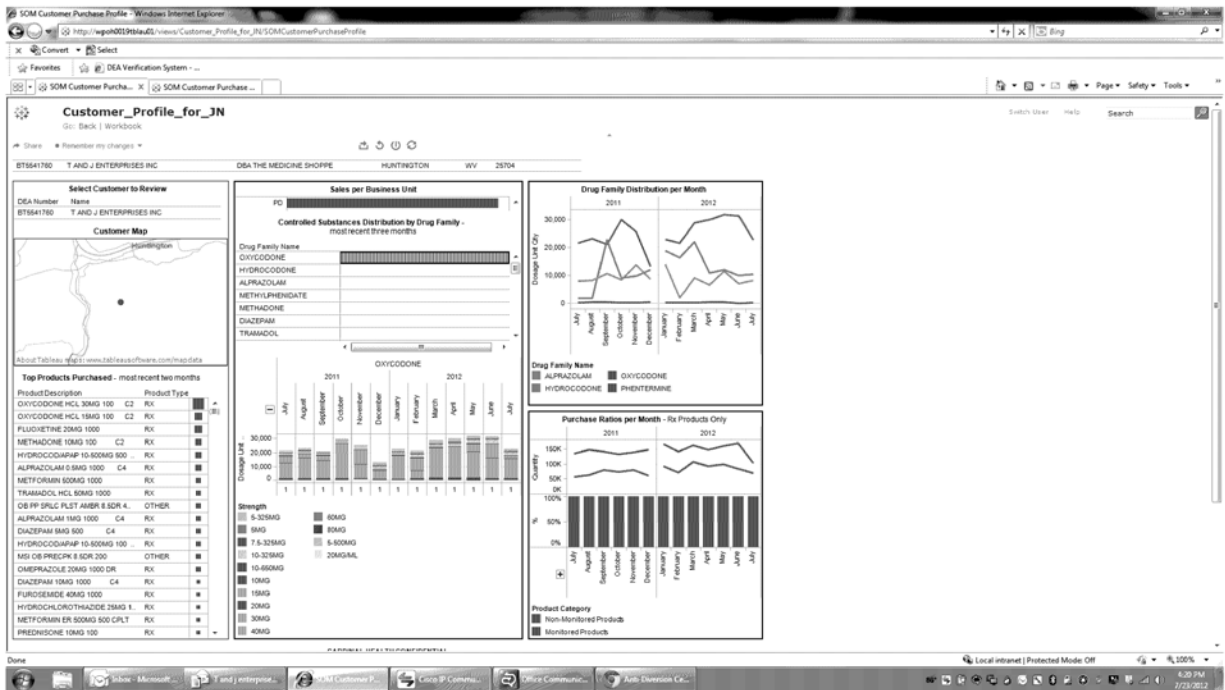
Reported as suspicious

Attempted.

24X100 oxycodone 30mg

1X100 oxycodone 5mg

Doug had requested multiple site visits since January



Thank you

Janet Ng, Rph
Manager, Supply Chain Integrity
Quality & Regulatory Affairs
Kinray
A CardinalHealth Company
152-35 10th Avenue
Whitestone, NY 11357

From: Emma, Douglas
To: Howenstein, Kim
Subject: RE: Thresholds
Date: Friday, August 03, 2012 1:58:26 PM

No adjustments can be made until a site visit has been conducted

Doug Emma, RPh
Manager Supply Chain Integrity
Quality & Regulatory Affairs
Cardinal Health | 7601 NE Gardner Ave
Kansas City, MO 64120
direct: 816-242-6122 fax: 614-652-4253

From: Howenstein, Kim
Sent: Wednesday, August 01, 2012 9:10 AM
To: Emma, Douglas
Subject: FW: Thresholds
Importance: High

Doug,
Attached is Med Shoppe #77068 – Nothing has been done with this.

From: Kave, Jesse
Sent: Tuesday, July 31, 2012 5:35 PM
To: Howenstein, Kim; Emma, Douglas
Cc: Farrell, Daniel (PD)
Subject: Thresholds
Importance: High

Kim,

Please let me know at your convenience if we need additional information for Craigsville #102942 Thresholds and Trivillians #80788 on Hydrocodone we have provided already unless we are doing the Oxycodone & Hydriocodone at the same time also where are we with the Med Shoppe #77068 in Huntington WV data setting or making any changes with their thresholds?

Thanks,
JESSE KAVE
CARDINAL HEALTH
PHARMACY BUSINESS CONSULTANT
jesse.kave@cardinalhealth.com
Cell 304-926-4337
Fax 614-553-9508

From: [Emma, Douglas](#)
To: [Howenstein, Kim](#)
Subject: FW: Thresholds
Date: Friday, August 10, 2012 1:19:33 PM
Attachments: [FW Medicine Shoppe Utilization #77068.msg](#)
Importance: High

Kim

Please place your analysis in CM even though no adjustment can be made at this time. It can serve as a reference until a site visit has been conducted.

BT5541760

Doug Emma, RPh
Manager Supply Chain Integrity
Quality & Regulatory Affairs
Cardinal Health | 7601 NE Gardner Ave
Kansas City, MO 64120
direct: 816-242-6122 fax: 614-652-4253

From: Howenstein, Kim
Sent: Wednesday, August 01, 2012 9:10 AM
To: Emma, Douglas
Subject: FW: Thresholds
Importance: High

Doug,
Attached is Med Shoppe #77068 – Nothing has been done with this.

From: Kave, Jesse
Sent: Tuesday, July 31, 2012 5:35 PM
To: Howenstein, Kim; Emma, Douglas
Cc: Farrell, Daniel (PD)
Subject: Thresholds
Importance: High

Kim,

Please let me know at your convenience if we need additional information for Craigsville #102942 Thresholds and Trivillians #80788 on Hydrocodone we have provided already unless we are doing the Oxycodone & Hydriocodone at the same time also where are we with the Med Shoppe #77068 in Huntington WV data setting or making any changes with their thresholds?

Thanks,
JESSE KAVE
CARDINAL HEALTH
PHARMACY BUSINESS CONSULTANT
jesse.kave@cardinalhealth.com
Cell 304-926-4337
Fax 614-553-9508

From: [Howenstein, Kim](#)
To: [Forst, Christopher](#)
Subject: FW: Medicine Shoppe Utilization #77068
Date: Monday, July 16, 2012 2:56:00 PM
Attachments: [Book1.xlsx](#)
Importance: High

Wheeling Account.

From: Kave, Jesse
Sent: Monday, July 16, 2012 11:38 AM
To: Howenstein, Kim; Emma, Douglas
Cc: Farrell, Daniel (PD)
Subject: Medicine Shoppe Utilization #77068
Importance: High

Kim,

Please see the attached utilization for Joe @ Medicine Shoppe in Huntington, WV more to follow.

Thanks,
JESSE KAVE
CARDINAL HEALTH
PHARMACY BUSINESS CONSULTANT
jesse.kave@cardinalhealth.com
Cell 304-926-4337
Fax 614-553-9508

T AND J ENTERPRISES INC dba MEDICINE SHOPPE #0290 HNTNGTN - BT5541760 - DC 8

Date Range - 3 Months - 4/1/2012-6/27/2012

Base	Quantity	Avg	Limit	Limit-Avg/Changes
1205	7101	2367	1000	-58%
1724	18727	6242	3500	-44%
1100	4732	1577	1100	-30%
9143	93083	31028	25005	-19%
9300	7080	2360	2000	-15%
9801	1925	642	600	-6%
9250	14775	4925	4801	-3%
9193	52881	17627	23000	30%
9652	7831	2610	4002	53%
9150	1456	485	1000	106%

From: Emma, Douglas
To: Howenstein, Kim
Subject: RE: Held Order Case Closed
Date: Monday, August 13, 2012 1:46:25 PM

Hi Kim

Joe the owner of this pharmacy called my office and requested the order be cut

Doug Emma, RPh
Manager Supply Chain Integrity
Quality & Regulatory Affairs
Cardinal Health | 7601 NE Gardner Ave
Kansas City, MO 64120
direct: 816-242-6122 fax: 614-652-4253

-----Original Message-----

From: Howenstein, Kim
Sent: Monday, August 13, 2012 12:45 PM
To: Emma, Douglas
Subject: FW: Held Order Case Closed

Jesse is inquiring about this.

-----Original Message-----

From: Kave, Jesse
Sent: Monday, August 13, 2012 12:33 PM
To: Howenstein, Kim
Subject: FW: Held Order Case Closed

Kim,

Please call me at your convenience!

Thanks,
Jesse Kave
Cardinal Health
Pharmacy Business Consultant
jesse.kave@cardinalhealth.com
Cell 304-926-4337
Fax 614-553-9508

-----Original Message-----

From: adcsystem@cardinalhealth.net [<mailto:adcsystem@cardinalhealth.net>]
Sent: Monday, August 13, 2012 12:28 PM
To: Kave, Jesse; Farrell, Daniel (PD); Schrebe, Melissa
Subject: Held Order Case Closed

Hello,

This is the QRA Anti-Diversion Centralization application informing you about the resolution of the following QRA case.

The customer DEA number is BT5541760.

The customer name is MED SHOPPE #0290 HNTNGTN CSOS.

The customer number is 103089.

The distribution center is 08 (Wheeling).

The case was created for Order Number 4868410, Item 4460739(OXYCODONE HCL 30MG 100 C2), Drug Family 9143(Oxycodone Hydrochloride).

The case was resolved due to a cut.

Customer must complete the one-page Threshold Event Questionnaire.
Questionnaire is available at: <http://www.cardinalhealth.com/thresholdsurvey>

From: GMB-QRA-Anti-Diversion
To: Emma, Douglas
Cc: Forst, Christopher; Ng, Janet
Subject: FW: SOM Hold BT5541760
Date: Wednesday, September 26, 2012 8:20:56 AM

From: D'Accione, Matthew
Sent: Tuesday, September 25, 2012 5:37 PM
To: GMB-QRA-Anti-Diversion
Cc: Kramer, Kathy; Schrebe, Melissa
Subject: SOM Hold

Hello,

The following order numbers from 9/24/12 #5254065 (account #103089) and #5257095 (account #611213) both went to SOM yesterday. They were released last night after the truck already departed. Nightshift cancelled the orders and they were rekeyed today, but went to SOM again. Since these were already released once and then cancelled can we please release the new order so they can make it out on tonight's truck.

Thanks

Matt

Matt D'Accione
Operations Manager - Compliance, Wheeling
71 Mil-Acres Drive, Wheeling WV
Office: 304-238-0587
Fax: 614-652-0400
Cell: 304-281-2868

Durra, Rebecca

From: WinWatcher <gmb-req-site-visit@cardinalhealth.com>
Sent: Wednesday, October 17, 2012 2:34 PM
To: GMB-QRA-CustomerVisit
Subject: WinWatcher: Proactive QRA Survey completed for DEA#BT5541760 - MEDICINE SHOPPE #0290 HNTNGTN

Attention QRA Team & Survey Delegator

An assigned user has COMPLETED the QRA survey. Please review below

Link:[Go to survey detail in WinWatcher](#)

Survey ID:	3413	Threshold Event:	N
DEA #:	BT5541760	Account Number:	8-77068
Name:	MEDICINE SHOPPE #0290 HNTNGTN		
Address:	2402 ADAMS AVE HUNTINGTON , WV 25704		
Contact:	JOE MCGLOTHLIN	Telephone:	3044296716
ACC:	10		

Survey Status/Investigator

Survey Status:	100-Survey Completed	Last Status Date	10/17/2012
Investigator:	Kave, Jesse	Contact:	Work:(304) 926-4337 Cell:(304) 926-4337
Investigator Assignment:	Kave, Jesse	Contact:	Work:(304) 926-4337 Cell:(304) 926-4337

Link:[Go to survey detail in WinWatcher](#)

Survey Question(s)

Were there long lines waiting at the pharmacy?	No
Were the patients and customers at the pharmacy NOT congruent with the demographics and economics of the area?	No
Were there a significant number of out-of-state and out-of-area vehicles parked outside the pharmacy?	No
Was there any evidence of illicit drug use around the pharmacy (used syringes, empty prescription containers, etc) or suspected illegal drug transactions?	No
Were there any mailing materials or any other evidence of an internet pharmacy?	No
Was the investigator able to determine any other obvious signs of diversion at the pharmacy during the site visit?	No
If any question was answered as yes, explain providing details of your observations.	

Please indicate the amount of time (in hours)
that were spent performing this survey (drive 1.0
time, investigation, etc)

From: WinWatcher
To: GMB-QRA-CustomerVisit
Subject: WinWatcher: Proactive QRA Survey completed for DEA#BT5541760 - MEDICINE SHOPPE #0290 HNTNGTN
Date: Thursday, January 31, 2013 10:11:07 PM

Attention QRA Team & Survey Delegator

An assigned user has COMPLETED the QRA survey. Please review below

Link: [Go to survey detail in WinWatcher](#)

Survey ID:	7403	Threshold Event:	N
DEA #:	BT5541760	Account Number:	8-77068
Name:	MEDICINE SHOPPE #0290 HNTNGTN		
Address:	2402 ADAMS AVE HUNTINGTON , WV 25704		
Contact:	JOE MCGLOTHLIN	Telephone:	3044296716
ACC:	10		

Survey Status/Investigator

Survey Status:	100-Survey Completed	Last Status Date:	1/31/2013
Investigator:	Copeland, Alyson	Contact:	Work:(304) 417-4728 Cell:
Investigator Assignment:	Copeland, Alyson	Contact:	Work:(304) 417-4728 Cell:

Link: [Go to survey detail in WinWatcher](#)

Survey Question(s)

Were there long lines waiting at the pharmacy?	No
Were the patients and customers at the pharmacy NOT congruent with the demographics and economics of the area?	No
Were there a significant number of out-of-state and out-of-area vehicles parked outside the pharmacy?	No
Was there any evidence of illicit drug use around the pharmacy (used syringes, empty prescription containers, etc) or suspected illegal drug transactions?	No
Were there any mailing materials or any other evidence of an internet pharmacy?	No
Was the investigator able to determine any other obvious signs of diversion at the pharmacy during the site visit?	No
If any question was answered as yes, explain providing details of your observations. If not answer NA.	Na
Please indicate the amount of time (in hours) that were spent performing this survey (drive time, investigation, etc)	.5

From: WinWatcher
To: GMB-QRA-CustomerVisit
Subject: WinWatcher: Proactive QRA Survey completed for DEA#BT5541760 - MEDICINE SHOPPE #0290 HNTNGTN
Date: Monday, February 04, 2013 12:09:13 PM

Attention QRA Team & Survey Delegator

An assigned user has COMPLETED the QRA survey. Please review below

Link: [Go to survey detail in WinWatcher](#)

Survey ID:	7523	Threshold Event:	N
DEA #:	BT5541760	Account Number:	8-77068
Name:	MEDICINE SHOPPE #0290 HNTNGTN		
Address:	2402 ADAMS AVE HUNTINGTON , WV 25704		
Contact:	JOE MCGLOTHLIN	Telephone:	3044296716
ACC:	10		

Survey Status/Investigator

Survey Status:	100-Survey Completed	Last Status Date:	2/4/2013
Investigator:	Copeland, Alyson	Contact:	Work:(304) 417-4728 Cell:
Investigator Assignment:	Copeland, Alyson	Contact:	Work:(304) 417-4728 Cell:

Link: [Go to survey detail in WinWatcher](#)

Survey Question(s)

Were there long lines waiting at the pharmacy?	No
Were the patients and customers at the pharmacy NOT congruent with the demographics and economics of the area?	No
Were there a significant number of out-of-state and out-of-area vehicles parked outside the pharmacy?	No
Was there any evidence of illicit drug use around the pharmacy (used syringes, empty prescription containers, etc) or suspected illegal drug transactions?	No
Were there any mailing materials or any other evidence of an internet pharmacy?	No
Was the investigator able to determine any other obvious signs of diversion at the pharmacy during the site visit?	No
If any question was answered as yes, explain providing details of your observations. If not answer NA.	site visit was done on 1/31/13
Please indicate the amount of time (in hours) that were spent performing this survey (drive time, investigation, etc)	.5

CARDINAL HEALTH INC.
INVESTIGATOR SITE VISIT REPORT

1 Customer Information

a Customer name	T and J Enterprises, Inc. d/b/a The Medicine Shoppe		
b Address	2402 Adams Avenue, Huntington, WV 25704		
c Customer DEA #	BT5541760		
d DEA Lic. Exp. Date	30-Nov-12		
e Date of Visit	20-Aug-12		
f Pharmacy License	SP0550702		
g Expiration Date	30-Jun-13		
h Name of PIC	Joseph C. McGlothlin		
i PIC License #	RP0003911		
j PIC Lic. Exp. Date	30-Jun-13		
k Investigator Name	Harvey Florian		
l Participants	Robin Barde, SCI-QRA, CAH; Jesse Kave, PBC, CAH; Joseph C. McGlothlin, PIC/Owner; Wes Keck, R.Ph., Staff Pharmacist; and, Grady Campbell, Franchisee Business C		
m Research pharmacy background			
n Is Internet and public media research acceptable?	<input type="button" value="YES"/>		
o Is Pharmacy license clear of restrictions and probations in the last 10 years?	<input type="button" value="YES"/>		
p Is DEA registrant's number(s) active?	<input type="button" value="YES"/>		
q If the answer is NO to any of the above questions, explain why?	<div></div>		
r Is there information in content manager for this pharmacy that requires the investigator to follow-up?	<input type="button" value="NO"/>		

s If yes, explain what information required follow-up and details of the follow-up:

2 Dispensing Information

The following information can be either actuals or estimates. The actuals may be provided by the customer. If the actuals are unavailable, the investigator should request the pharmacist to provide an estimate

- a Average total number of ALL prescriptions dispensed per day (including both non-controlled & controlled substances)
- b Average number of controlled substance (C2-C5) prescriptions dispensed per day
- c Average number of non-controlled substance prescriptions dispensed per day [CALCULATED CELL: 2(a) - 2(b)]
- d Average number of ALL prescriptions paid for in cash per day
- e Average number of controlled substance (C2-C5) prescriptions paid for in cash per day
- f Average number of non-controlled substance prescriptions paid for cash per day [CALCULATED CELL: 2(d) - 2(e)]

260	100%
57	22%
203	78%
26	10%
3	5%
23	11%

Definition: Cash: Cash paid = prescriptions filled that are NOT paid for in whole or in part by (or adjudicated against) a third-party plan such as Medicaid, Medicare, private insurance, etc. Specifically, the patient pays for the full amount of prescription on their own using cash, debit card, credit card or check.

g Is there a significant percentage of controlled substances paid for in cash?

NO

h If yes, explain why

i Is there a significant difference between the percentage of controlled substance prescriptions paid for in cash and that of the non-controlled substances paid for in cash?

NO

j If yes, explain why?

k Is the percentage of controlled substance prescriptions dispensed high?

YES

l If yes, explain why?

According to the PIC/Owner, the bulk of the CS Rx's filled by this pharmacy involve both ADHD medications and oxycodone for pain management; prescribers in the area prefer oxycodone 15 mg and 30 mg strengths for pain management; the pain management patient population consists of a high number of coal miners and truckers with job related injuries

The following information and analysis is based on CAH sales data

- m For the following controlled substances shipped, are those products balanced across all strengths in that drug family?
- n In combination, are Oxycodone 15 mg and 30 mg IR dosage units <50.0% of all Oxycodone family dosage units shipped?
- o Are Hydrocodone 10-325 mg dosage units <50.0% of all Hydrocodone family dosage units shipped?
- p Are Alprazolam 2 mg dosage units <50.0% of all Alprazolam family dosage units shipped?

NO

YES

YES

d. If shipped volume for the above identified drug families is unbalanced (i.e. any one answered as "NO" above), explain why.

According to the PIC/Owner, prescribers in the area prefer oxycodone 15 mg and 30 mg strengths for pain management; the pain management patient population consists of a high number of coal miners and truckers with job related injuries

3 Dispensing or Sales Analysis

For the following controlled substance families, use the dispensing data over the previous 3 to 6 months to calculate the average monthly dosage units if the dispensing data are available. Use Cardinal Health sales data over the previous 3 to 6 months if the dispensing data are unavailable or unobtainable.

The data source used for the following calculation is:

Dispensing Data

- a. Oxycodone
- b. Hydrocodone
- c. Alprazolam
- d. Oxymorphone
- e. Hydromorphone
- f. Carisoprodol
- g. Methadone
- h. Fentanyl
- i. Morphine Sulfate
- j. Zolpidem
- k. Clonazepam
- l. Methylphenidate
- m. Amphetamine Salts

n.

o.

p. Explain why the specific families were selected and any observations on the dispensed volume of selected drug families.

For oxycodone - 71% of all oxycodone products dispensed during the prior 3 month period were for both the 15 mg (18,552) and 30 mg (50,466) strengths combined; total oxycodone dispensed during the 3 month period was 97,118; the 30 mg strength of oxycodone represented 52% of all the oxycodone products dispensed during the prior 3 month period.
For hydrocodone - 9% of all hydrocodone products dispensed during the prior 3 month period were for the 10-325 mg strength (5,327/56,258)
For alprazolam - 14% of all the alprazolam products dispensed during the prior 3 month period was for the 2 mg strength (3,764/27,109)

Collect Data? Average Dosage
Units Dispensed
Per Month

YES	32,373
YES	18,573
YES	9,036

Cardinal Health Confidential

Based on CAH sales data did any of the drug families of interest experience disproportionate growth in the past 12 months?

- q Oxycodone
- r Hydrocodone
- s Alprazolam
- t Oxymorphone
- u Hydromorphone
- v Carisoprodol
- w Methadone
- x Fentanyl
- y Morphine Sulfate
- z Zolpidem
- aa Clonazepam
- ab Methylphenidate
- ac Amphetamine Salts

YES

ad	
ae	

af Explain why these drugs of interest have grown disproportionate growth?
Oxycodone - The staff pharmacist noted that the Tableau AHOP analysis indicated that when hydrocodone usage decreased, oxycodone usage increased which he attributed to changing pain management therapies; the PIC/Owner commented that pain management prescribers were also weaning patients from hydrocodone with acetaminaphen products because of possible liver damage concerns, which increases oxycodone only Rx's and dispensing for those products

4 Know Your Customer

- a Does the customer base include any of the following?
If so, approximately what estimated percentage of the total prescriptions dispensed does this account for?

		Yes?	%
b	Hospice	NO	
c	Long Term Care	NO	
d	Pain Management Prescriber(s)	YES	15%
e	Assisted Living Facilities	NO	
f	Oncology Clinics	NO	

g	Orthopedics/Sports Medicine	<input type="text" value="NO"/>	<input type="text"/>
h	Surgery Centers	<input type="text" value="NO"/>	<input type="text"/>

i If yes, provide details

It was estimated that about 50% of all the CS Rx's dispensed by the pharmacy are being written by local area pain management prescribers

j **Over the past 12 Months Purchase Mix:**

For all prescription products (non-controlled and controlled substances) purchased by this pharmacy, list wholesalers and estimated % of product purchased by dosage units

		Non CS	C2	C3-C5
k	Primary	CAH	99%	100%
l	Secondary	API	1%	99%
m	Wholesaler #3			
n	Wholesaler #4			
o	Wholesaler #5			

5 Due Diligence

If an interview is conducted with the pharmacist-in-charge, based on the interview findings:

a Does the pharmacist understand and employ his/her corresponding responsibility?

YES

b Explain what due diligence steps are being employed to ensure that controlled substance prescriptions are being filled for legitimate purposes?

The pharmacy will only fill CS Rx's for local residents and local prescribers; for all new CS Rx customers, the pharmacy will initially run the customer's name through the State's PMP; periodically they will run names of recurring CS Rx customers through the State's PMP, as individual circumstances deem necessary; they have a very small population of customers who pay cash, and those are usually Medicaid Part D customers getting benzodiazepines which are not covered, and some insurance patients whose insurance will only cover a portion of their total Rx; the pharmacy does not routinely vet prescriber licenses nor ask for diagnoses; the pharmacy currently relies heavily on a new WV state law that went into effective June 1, 2012, which according to the PIC/Owner, requires all pain management clinics to run a patient through the State's PMP at each office visit; the law also requires that if more than 50% of the Rx's written by a prescriber involve pain management drugs, the prescriber must have a recognized pain management specialty; they advised that many general practitioners in the area were now referring their chronic pain patients to these pain management specialists since the new law went into effect; according to the PIC/Owner the new law helps to ensure better pain management therapies for chronic pain patients and tends to less the potential for abuse

Based on your observations during the site visit:

- c Were there long waiting lines at the pharmacy?
- d Were the patients and customers at the pharmacy NOT congruent with the demographics and economics of the area?
- e Were there significant number of out-of-state or out-of-area vehicles parked outside the pharmacy?
- f Was there any evidence of illicit drug use around the pharmacy (used syringes, empty prescription containers etc.) or suspected illegal drug transactions?
- g Were there any mailing materials or any other evidence of an internet pharmacy?
- h Was the investigator able to confirm any other obvious signs of diversion at the pharmacy during the site visit?
- i If any of the above from 5(c) to 5(h) are answered as yes, explain providing details of your observations

NO

NO

NO

NO

NO

NO



6 Investigator Comments

a. Include any additional comments/observations:

This pharmacy does a significant number of compounds and specialty prescriptions, to include intrathecal medications and Preservative Free solutions; the pharmacy had a very large compounding and sterile area; they do a large number of HRT compounds; they also compound for local pediatric specialists, local hospitals, and local veterinarians; compound powders are purchased from PCC

Increases in total CS Rx's were attributed to the closing of a local independent pharmacy, Safe Scripts, which was located approximately 2 miles away; Safe Scripts closed in March or April 2012, this pharmacy's CS Rx's in February totalled 1,154, they have since increased to about an average of 1,500 per month since this other pharmacy closed, and customers moved their CS Rx's to this pharmacy; this appears to be about a 25% increase in overall CS Rx business; this increase also involves stimulants as well, such as Vyvanse, which the PIC/Owner says he has recently experienced TH events and held orders from CAH and is currently seeking relief from CAH to meet his customer's needs

7 Reviewer Assessment and Decision (to be completed by Corporate Reviewer ONLY and NOT the Investigator)

a. Does this pharmacy require immediate action?

☐

b. What is the decision and why?

No. Based on the information contained herein, there does not appear to be any evidence of diversion. Follow-up sales site visit on 12/31/12 revealed no evidence of diversion.



CARDINAL HEALTH INC. INVESTIGATOR SITE VISIT REPORT

1 Customer Information

a	Customer name	T AND J ENTERPRISES INC, DBA THE MEDICINE SHOPPE
b	Address	2402 ADAMS AVENUE
c	Address 2	
d	City	HUNTINGTON
e	State	West Virginia
f	Zip Code	25704
g	Customer DEA #	BT5541760
h	DEA Lic. Exp. Date	11/30/2015
i	Date of Visit	01/21/2015
j	Pharmacy License	#SP0550702
k	Expiration Date	06/30/2015
l	Name of PIC	Angela Ronk
m	PIC License #	#RP0005541
n	PIC Lic. Exp. Date	06/30/2015
o	Investigator Name	Robin Barde -CAH
p	Participants	Jesse Kave- CAH-PBC, Angela Ronk- PIC, Wes Keck- Owner
q	Reason for Report	QRA Site Visit Request -DF 9143

Research pharmacy background

- r Is Internet and public media research acceptable?
- s Is Pharmacy license clear of restrictions and probations in the last 10 years?
- t Is DEA registrant's number(s) active?
- u If the answer is NO to any of the above questions, explain why?

Yes

Yes

Yes

v Is there information obtained in pre-investigational preparation or received from other sources for this pharmacy that requires the investigator to follow up?

No

w If yes, explain what the information is and the details of the follow-up

DF 9143- PIC and Owner explained the vast majority of pain medication prescriptions are written by 3 pain management prescribers in the area, this is due to WV state law that requires any prescriber that writes for a certain percentage of pain medication be recognized as having a pain management specialty. The PIC and Owner went on to explain area practitioners which include oncologist refer their patients that are terminally ill, have long term chronic illnesses and or pain to pain management prescribers.

2 Dispensing Information

The following information should be compiled from the dispensing data provided by the customer over the previous full 3 months. If the actual numbers are unavailable due to an IT problem at the time of the investigation, then the investigator should request the pharmacist to provide an estimate and note that in section 1(s) above.

a Average total number of ALL prescriptions dispensed per day (including both non-controlled & controlled substances)

a	218	100%
---	-----	------

b Average number of controlled substance (C2-C5) prescriptions dispensed per day

b	47	22%
---	----	-----

c Average number of non-controlled substance prescriptions dispensed per day [CALCULATED CELL: 2(a) - 2(b)]

c	171	78%
---	-----	-----

d Average number of ALL prescriptions paid for in cash per day

d	17	8%
---	----	----

e Average number of controlled substance (C2-C5) prescriptions paid for in cash per day

e	4	9%
---	---	----

f Average number of non-controlled substance prescriptions paid for cash per day [CALCULATED CELL: 2(d) - 2(e)]

f	13	8%
---	----	----

g On average, how many days per month is the pharmacy open for business:

24

h On average, how many hours per business day is the pharmacy open:

9

Definition: Cash: Cash paid = prescriptions filled that are NOT paid for in whole or in part by (or adjudicated against) a third-party plan such as Medicaid, Medicare, private insurance, etc. Specifically, the patient pays for the full amount of prescription on their own using cash, debit card, credit card or check.

i Is the difference between 2e (Average number of controlled substances (C2-C5) prescriptions paid for in cash per day) and 2f (Average number of non-controlled substance prescriptions paid for in cash per day) greater than 10%?

NO

j If yes, please provide the Pharmacists' explanation as to what he or she believes is the reason for the difference:

k Is the percentage of controlled substance prescriptions dispensed high?

YES

l If yes, please provide the Pharmacists' explanation as to why he or she believes this is the case.

Owner and PIC believes this is due to customers that have moved maintenance prescriptions to 90 day mail order.

The following information and analysis is based on the most recent 3 full months of Cardinal Health sales data

m Please indicate if this is a new, existing, or reinstatement customer.

Existing Customer

For the following controlled substances shipped by Cardinal Health, please provide the following:

n What is the average number of Oxycodone dosage units distributed by Cardinal Health to this pharmacy per month?

20,160

o Of the number of Oxycodone dosage units distributed to this customer, how many are for Oxycodone 15mg & 30mg IR combined?

13,733

p Percentage of Oxycodone distributed in 15 mg & 30 mg IR Combined.

68%

q What is the average number of Hydrocodone dosage units distributed by Cardinal Health to this pharmacy per month?

12,952

r Of the number of Hydrocodone dosage units distributed to this customer, how many are for Hydrocodone 10mg?

5,667

s Percentage of Hydrocodone distributed in 10mg.

44%

t What is the average number of Alprazolam dosage units distributed by Cardinal Health to this pharmacy per month?

6,000

u Of the number of Alprazolam dosage units distributed to this customer, how many are for Alprazolam 2mg?

1167

v Percentage of Alprazolam distributed in 2mg.

19%

3 Dispensing or Sales Analysis

For the following controlled substance families, use the dispensing data over the previous full 3 months to calculate the average monthly dosage units if the dispensing data is available. Use Cardinal Health sales data over the previous full 3 months if the dispensing data is unavailable or unobtainable.

The data source used for the following calculation is:

Dispensing
Data

Collect Data? Average
Dosage Units
Dispensed
Per Month

a Oxycodone

Yes

21,046

a1 Of Oxycodone dispensed, number of combined dosage units of Oxycodone 15mg & 30mg IR dispensed

Yes

14,228

a2	Of the number of Oxycodone tablets dispensed by this customer, what percentage was for Oxycodone 15mg & 30mg IR combined?		68%
b	Hydrocodone	Yes	12,907
b1	Of Hydrocodone dispensed, number of combined dosage units of Hydrocodone combination products containing 10mg of hydrocodone dispensed	Yes	5,749
b2	Of the number of Hydrocodone tablets dispensed by this customer, what percentage was for Hydrocodone 10mg?		45%
c	Alprazolam	Yes	5,893
c1	Of Alprazolam dispensed, number of Alprazolam 2mg dispensed	Yes	1010
c2	Of the number of Alprazolam tablets dispensed by this customer, what percentage was for Alprazolam 2mg?		17%
d	Oxymorphone		
e	Hydromorphone		
f	Carisoprodol		
g	Methadone		
h	Fentanyl		
i	Morphine Sulfate		
j	Zolpidem		
k	Clonazepam		
l	Methylphenidate		
m	Amphetamine Salts		
n	Tramadol	Yes	4,500
o			
P	Provide the Pharmacists' explanation on the difference between the purchased and dispensed total of the top three drugs.		
Based on Cardinal Health sales data did any of the drug families of interest experience unusual and unexpected growth in the past 12 months?			
q	Oxycodone	No	
r	Hydrocodone	No	

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s	Alprazolam	No
t	Oxymorphone	
u	Hydromorphone	
v	Carisoprodol	
w	Methadone	
x	Fentanyl	
y	Morphine Sulfate	
z	Zolpidem	
aa	Clonazepam	
ab	Methylphenidate	
ac	Amphetamine Salts	
ad	Tramadol- Oct/2000 - Nov/2000 - Dec/9500	Yes
ae		
af	<p>Provide the Pharmacists' explanation as to why he or she believes that these drugs of interest have grown:</p> <p>Owner explained that he dispenses between 2000 to 4000 Tramadol per month and was informed of product shortage, therefore purchased large quantity in December to get him through 2 or 3 months.</p>	

4 Supplier Information

a Over the past 12 months purchase mix:
For all prescription products (non-controlled and controlled substances) purchased by this pharmacy, list wholesalers.

b	Primary	CAH	Yes
c	Secondary	AAP	Yes
d	Wholesaler #3	Medisca	Yes
e	Wholesaler #4	PCCA	Yes
f	Wholesaler #5		

5 Due Diligence

If an interview is conducted with the pharmacist-in-charge, based on the interview findings:

- | | | |
|---|---|-----|
| a | Did the investigator share with the customer a copy of the handout, Preventing Prescription Drug Abuse that contains a copy of 21 CFR § 1306.04, the "Top 10 Questions Pharmacists Should Ask When Filling Prescriptions for Controlled Substances" and "Red Flags identified by the DEA" and explain its significance to the Pharmacist? | Yes |
| b | If the Pharmacist has a concern, he/she checks to see if the prescriber's office or facility out of which he/she practices (e.g., hospital, clinic, etc.) is located a reasonable distance to the Pharmacy? | Yes |
| c | If the Pharmacist has a concern, he/she checks to see if the person filling the prescription is the actual person for whom the prescription is written for or is a family member/guardian? | Yes |
| d | If the Pharmacist suspects that the prescription is a forgery or believes that medication will be abused or illegally sold by the patient, the Pharmacist contacts the prescriber and/or takes other actions (e.g., looks for alterations to the prescription; looks for forged signatures; verifies DEA#; uses state PMP, if available, etc.)? | Yes |
| e | Does the Pharmacist agree he or she will not knowingly fill a prescription that he or she believes is illegitimate, not legally valid, or is likely to be diverted or abused? | Yes |
| f | If the Pharmacist has a concern, he/she checks to see if the patient's residence or work is located a reasonable distance to the Pharmacy? | Yes |
| g | Was there a significant number of out-of-area vehicles parked outside the pharmacy? | No |
| h | Was there any evidence of illicit drug use around the pharmacy or suspected illegal drug transactions? | No |
| i | Was there any evidence of an internet pharmacy? | No |
| j | Was the investigator able to confirm any other actual signs of diversion at the pharmacy during the site visit? | No |
| k | Were there long lines of people waiting at the pharmacy such that this was indicative of drug diversion? | No |
| l | Has the pharmacy been visited by DEA or other regulatory agencies for investigation into the dispensing of controlled substances by that pharmacy? | No |
| m | If any of the above from 5(h) to 5(m) are answered as yes, explain providing details of your observations | |

6 Reviewer Assessment and Decision (to be completed by Corporate Reviewer ONLY and NOT the Investigator)

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a Does this pharmacy require immediate action?

No

b What is the decision and why?

Based upon the information contained herein there does not appear to be evidence of diversion. QRA RPH to review thresholds based upon current CAH sales vs. dispense data.



CARDINAL HEALTH INC.
INVESTIGATOR SITE VISIT REPORT

1 Pharmacy Information

a Pharmacy Name	T AND J ENTERPRISES INC
b Address	2402 ADAMS AVE
c City	HUNTINGTON
d State	West Virginia
e Zip Code	25704
f Pharmacy DEA #	BT5541760
g DEA Lic. Exp. Date	11/30/2018
h Date of Visit	06/22/2016
i Pharmacy License	SP0550702
j Phcy Lic. Exp. Date	06/30/2016
k Name of Current PIC	Angela S. Ronk
l PIC License #	RP0005541
m PIC Lic. Exp. Date	06/30/2017
n Investigator Name	Patrick Michael Kelly
o Other Participants	Angela S. Ronk, CAH PBC Jesse Kave
p Reason for Report	Requested by QRA Analyst

Research pharmacy background

q Is Internet and public media research acceptable?

Yes

r Is DEA registrant's number(s) active?

Yes

s Is the Pharmacy License in Line 1i above clear of probation or restrictions related to controlled substances for the past 10 years?

Yes

t Is the PIC License in Line 1l above currently on probation related to controlled substances?

No

u Please provide detail if any of the answers above require explanation (NO to questions 1(q) – 1(s)/YES to question 1(t)).

2 Pharmacy Dispensing Information

The following information should be compiled from the dispensing data provided by the pharmacy over the previous 3 full months.

a	Average total number of ALL prescriptions dispensed per day (including both controlled and non-controlled substances)	a	177	100%
b	Average number of controlled substance (C2-C5) prescriptions dispensed per day	b	34	19%
c	Average number of non-controlled substance prescriptions dispensed per day [CALCULATED CELL: 2(a) - 2(b)]	c	143	80%
d	Average number of ALL prescriptions paid for in cash per day	d	12	6%
e	Average number of controlled substance (C2-C5) prescriptions paid for in cash per day	e	3	8%
f	Average number of non-controlled substance prescriptions paid for in cash per day [CALCULATED CELL: 2(d) - 2(e)]	f	9	6%
g	On average, how many days per month is the pharmacy open for business:		26	
h	On average, how many hours per business day is the pharmacy open:		9	

Definition: Cash: Cash paid = prescriptions filled that are NOT paid for in whole or in part by (or adjudicated against) a third-party plan such as Medicaid, Medicare, private insurance, etc. Specifically, the patient pays for the full amount of prescription on their own using cash, debit card, credit card or check.

- i Is the difference between 2e (Average number of controlled substance (C2-C5) prescriptions paid for in cash per day) and 2f (Average number of non-controlled substance prescriptions paid for in cash per day) greater than 10%? **NO**
- j If yes, please provide the Pharmacists' explanation as to what he or she believes is the reason for the difference:

- k Is the percentage of controlled substance prescriptions dispensed high? **NO**
- l If yes, please provide the Pharmacists' explanation as to why he or she believes this is the case.

3 CAH Sales Data

The following information and analysis is based on the most recent 3 full months of Cardinal Health sales data

For the following controlled substances shipped by Cardinal Health, please provide the following:

a	What is the average number of Oxycodone dosage units distributed by Cardinal Health to this pharmacy per month?	14,180
b	Of the number of Oxycodone dosage units distributed to this pharmacy, how many are for Oxycodone 15mg IR & 30mg IR combined?	10,567
c	Percentage of Oxycodone distributed in 15mg IR & 30mg IR combined.	74%
d	What is the average number of Hydrocodone dosage units distributed by Cardinal Health to this pharmacy per month?	7,603
e	Of the number of Hydrocodone dosage units distributed to this pharmacy, how many are for Hydrocodone 10mg?	3,000
f	Percentage of Hydrocodone distributed in 10mg.	39%
g	What is the average number of Alprazolam dosage units distributed by Cardinal Health to this pharmacy per month?	4,333
h	Of the number of Alprazolam dosage units distributed to this pharmacy, how many are for Alprazolam 2mg?	800
i	Percentage of Alprazolam distributed in 2mg.	18%

4 Pharmacy Dispensing Data

The following information and analysis is based on the previous 3 full months of dispensing data provided by the pharmacy.

Data source used for the following calculations:

Pharmacy Dispensing Data

	Data Collected?	Average Dosage Units Dispensed Per Month
a Oxycodone	Yes	14,733
a1 Of Oxycodone dispensed, number of combined dosage units of Oxycodone 15mg IR & 30mg IR dispensed	Yes	10,697
a2 Of the number of Oxycodone dosage units dispensed by this pharmacy, what percentage was for Oxycodone 15mg IR & 30mg IR combined?		72%
b Hydrocodone	Yes	7,330
b1 Of Hydrocodone dispensed, number of combined dosage units of Hydrocodone combination products containing 10mg of hydrocodone dispensed	Yes	3,209
b2 Of the number of Hydrocodone dosage units dispensed by this pharmacy, what percentage was for Hydrocodone 10mg?		43%
c Alprazolam	Yes	4,750
c1 Of Alprazolam dispensed, number of Alprazolam 2mg dispensed	Yes	830
c2 Of the number of Alprazolam dosage units dispensed by this pharmacy, what percentage was for Alprazolam 2mg?		17%
d Oxymorphone		
e Hydromorphone		
f Carisoprodol		
g Methadone		
h Fentanyl		
i Morphine Sulfate		
j Zolpidem		
k Clonazepam		
l Methylphenidate		

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m	Amphetamine Salts		
n			
o			

p Provide the Pharmacists' explanation on the difference between the purchased and dispensed totals for the top three drug families.

5 CAH Sales Data

Based on Cardinal Health sales data, did any of the drug families of interest experience unusual and/or unexpected growth in the past 12 months?

a	Oxycodone	No
b	Hydrocodone	No
c	Alprazolam	No
d	Oxymorphone	
e	Hydromorphone	
f	Carisoprodol	
g	Methadone	
h	Fentanyl	
i	Morphine Sulfate	
j	Zolpidem	
k	Clonazepam	
l	Methylphenidate	
m	Amphetamine Salts	
n		

o

p Provide the Pharmacists' explanation as to why he or she believes these drug families of interest have grown.

6 Supplier Information

For all prescription products (controlled and non-controlled substances) purchased by this pharmacy, list wholesalers.

a	Primary	Cardinal Health	Yes
b	Secondary	AAP	Yes
c	Wholesaler #3		
d	Wholesaler #4		
e	Wholesaler #5		

7 Due Diligence

Based on interview findings:

- a Did the investigator share with the pharmacy a copy of the handout, Preventing Prescription Drug Abuse that contains the "Top 10 Questions Pharmacists Should Ask When Filling Prescriptions for Controlled Substances", a copy of 21 CFR § 1306.04, "Red Flags identified by the DEA", and a link to the educational video created by NABP® and ADIWG for Pharmacists entitled "Red Flags", and explain its significance to the Pharmacist?
- b If the Pharmacist has a concern, he/she checks to see if the prescriber's office or facility out of which he/she practices (e.g., hospital, clinic, etc.) is located a reasonable distance to the Pharmacy?
- c If the Pharmacist has a concern, he/she checks to see if the person filling the prescription is the actual person for whom the prescription is written for or is a family member/guardian?
- d If the Pharmacist suspects that the prescription is a forgery or believes that medication will be abused or illegally sold by the patient, the Pharmacist contacts the prescriber and/or takes other actions (e.g., looks for alterations to the prescription; looks for forged signatures; verifies DEA#, uses state PMP, if available, etc.)?
- e Does the Pharmacist agree he or she will not knowingly fill a prescription that he or she believes is illegitimate, not legally valid, or is likely to be diverted or abused?

Yes

Yes

Yes

Yes

Yes

- f If the Pharmacist has a concern, he/she checks to see if the patient's residence or work is located a reasonable distance to the Pharmacy?
- g Was there a significant number of out-of-area vehicles parked outside the pharmacy?
- h Was there any evidence of illicit drug use around the pharmacy or suspected illegal drug transactions such that this was indicative of drug diversion
- i Was there any evidence of an Internet pharmacy?
- j Was there long lines of people waiting at the pharmacy such that this was indicative of drug diversion?
- k Was the investigator able to confirm any other actual signs of diversion at the pharmacy during the site visit?
- l Has the pharmacy been visited by DEA or other regulatory agencies for investigation into the dispensing of controlled substances by that pharmacy?
- m Please provide detail if any of the answers above require explanation (NO to questions 5(a) – 5(f)/YES to questions 5(g) – 5(l)).

Yes

No

No

No

No

No

No

8 Reviewer Assessment and Decision (to be completed by Corporate Reviewer ONLY and NOT the Investigator)

- a Does this pharmacy require immediate action?

No

- b What is the decision and why?

Based upon the information contained herein there does not appear to be evidence of diversion. QRA Analytics to review limits for DF's 9143, and 9193, based on current CAH sales vs dispense data.

Memo



Cardinal Health
7000 Cardinal Place
Dublin, Ohio 43017

Date: September 1, 2016
To: File
From: Danielle Roberts
Subject: T AND J ENTERPRISES, INC
DBA THE MEDICINE SHOPPE
2402 ADAMS AVE
HUNTINGTON, WV 25704

DEA Registration: BT5541760

Section 1: Customer Review:

As of the review date, Pharmacy located within the following group:

- ☐ Group A
- ☐ Group B
- ☒ Group C

- **Drug Families of Interest Include:**

- ☒ Oxycodone (9143)
- ☒ Hydrocodone (9193)
- ☐ Other Drug Family (if applicable)
- ☐ Other Drug Family (if applicable)
- ☐ Other Drug Family (if applicable)

- **Specialty Populations/340 B Status:**

- ☐ Hospice(s)
- ☐ LTC(s) (nursing home or assisted living)
- ☐ Rehabilitation or Orthopedics Facility/Facilities
- ☐ Behavioral Health Facility/Facilities
- ☐ Correctional Facility/Facilities

- ☐ Addiction management
- ☐ Oncology Services
- ☐ Ambulatory Surgery Center
- ☐ Urgent Care Center
- ☐ Emergency Room or Discharged Hospital Patients
- ☐ 340B Account(s)

- **Relevant Purchase Information:**

No disproportionate growth within controlled/non-controlled ratio or within individual drug families.

- **Facts considered relating to TH Increase, Decrease, or Escalation:**

Section 2: Decisions:

- ☐ Adjust threshold(s)
- ☒ No changes
- ☐ Referred to LVTAC

Section 3: Threshold Adjustment(s):

- ☐ Oxycodone (9143):
- ☐ Hydrocodone (9193):
- ☐ Other Drug Family (if applicable)
- ☐ Other Drug Family (if applicable)
- ☐ Other Drug Family (if applicable)

Section 4: Comments: